

**NC DIVISION MH/DD/SAS SUBSTANCE ABUSE (SAPTBG) FUNDS  
INDIVIDUAL CLINICAL MONITORING  
2013/2014**

<b>LME:</b>	<b>Date:</b>	
<b>Contract Provider:</b>	<b>Admission Date:</b>	
<b>Control #:</b>	<b>Gender:</b>	
<b>Category:</b>	<b>Record:</b>	
<b>Rating Codes: 0 = No 1 = Yes</b>		<b>Rating</b>
1. There is evidence of a Comprehensive Clinical Assessment which includes the following elements, per <b>DMA Clinical Coverage Policy 8C</b> :		
a. description of the presenting problems, including source of distress, precipitating events, and associated problems or symptoms;		
b. chronological general health and behavioral health history (including both mental health and substance abuse) of the individual's symptoms, treatment, and treatment response;		
c. current medications (for both physical and psychiatric treatment);		
d. a review of biological, psychological, familial, social, developmental and environmental dimensions to identify strengths, and risks in each area;		
e. evidence of individual and legally responsible person's (if applicable) participation in the assessment;		
f. analysis and interpretation of the assessment information with an appropriate case formulation;		
g. diagnoses on all five (5) axes of DSM-IV-TR (or its successor);		
h. recommendations for additional assessments, services, support, or treatment based on the results of the comprehensive clinical assessment;.		
i. recommendation regarding target population eligibility (state-funded services only);		

j. evidence that target population recommended is consistent with NC TRACK (formerly IPRS) eligibility criteria. <a href="http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm">http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm</a> ;	
2. Evidence of ASAM PPC- 2R level of care determined and documented.	
3. Evidence that the documented ASAM PPC-2R level of care recommended is consistent with the Comprehensive Clinical Assessment disposition.	
4. If treatment is indicated, evidence of appropriate referral made for documented ASAM PPC-2R level of care.	
a. Evidence of consent for release of information, including 42 CFR Part 2 language, if provider made written referral or referral phone call.	
b. Evidence of provider choice offered to the individual.	
c. Exceptions to ASAM PPC- 2R level of care referral documented.	
d. In the case of an individual with co-occurring disorders, evidence that the mental health condition(s) is addressed.	
5. Evidence that the individual has a primary care physician. a. If no, was a referral made for primary health care?	
b. Evidence of consent for release of information, including 42 CFR Part 2 language, if the provider made arrangements for the referral e.g. by phone.	
Comments:	
Reviewer Signature and date:	

**NC DIVISION MH/DD/SAS SUBSTANCE ABUSE (SAPTBG) FUNDS  
INDIVIDUAL CLINICAL MONITORING INSTRUCTIONS  
2013/2014**

**The reviewer/monitor will be a licensed professional (LCAS, LCSW, LPC, etc, with substance abuse experience).**

**Question #1** Reviewer will determine that a comprehensive clinical assessment and/or update completed in the past year is in the record. Items a-j are present.

**Question #2** Reviewer will review each individual record to determine that the American Society of Addiction Medicine -Patient Placement Criteria (ASAM) was utilized. ASAM criteria assess the individual's substance-related condition along six (6) dimension criteria.

Questions #3 Reviewer to use ASAM PPC-2R crosswalk, Immediate Need Assessment tool (see attachments) and clinical information from the Comprehensive Clinical Assessment to determine if recommended ASAM PPC 2-R level of care is consistent.

Dimensions:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Bio-Medical Conditions and Complications
- Dimension 3: Emotional Behavioral Conditions and Complications
- Dimension 4: Treatment Acceptance / Resistance
- Dimension 5: Relapse / Continued Use Potential
- Dimension 6: Recovery Environment

Adult Criteria Address five (5) Levels of service:

- Level 0.5 Early Intervention
- Level 1: Outpatient Services
- Level 2: Intensive Out-Patient / Partial Hospitalization Services
- Level 3: Residential / In-Patient Services
- Level 4: Medically / Managed Intensive In-Patient Services

**Question # 4** When treatment is indicated, reviewer will determine that the referral to treatment matches the documented ASAM PPC 2 level.

4. a. If provider referred the individual through a written referral or by a phone call, the reviewer will look for evidence in the record of a valid release of information that is compliant with 42 CFR Part 2.

4.b. Reviewer will look for evidence in the record that the individual was given a choice of treatment providers, appropriate to ASAM level, when choice is available in the community. This may not be pertinent if the individual was referred to current provider for this level of care as a result CCA by another provider.

4.c. If the treatment referral level of care is not consistent with the ASAM

PPC 2-R at the conclusion of the Comprehensive Clinical Assessment, the reviewer will look for documentation as to the reason for the discrepancy (ex: transportation limitations, consumer choice, waitlist, etc).

4.d. In the case of individuals with co-occurring disorders, the reviewer will look for evidence that the individual is scheduled, receiving or referred for mental health services.

**Question #5** The reviewer will look for evidence that the individual has a primary care physician.

5.a. Evidence that a referral was made for primary healthcare if there is no primary care provider documents.

5.b. If the provider arranged for the referral, e.g. called to make the appointment, the reviewer will look for evidence in the record of a valid release of information that is compliant with 42 CFR Part 2.